

CITY OF LANSING EMPLOYMENT APPLICATION

Lansing Parks and Recreation200 North Foster

Lansing MI 48912

Main: (517) 483-4233 Fax: (517) 377-0179

Internet: www.lansingmi.gov

Vacancy Title	Date			
Name				
Last	First		Middle	
Address	0:1	01.1		
Street	City	State	Zip	
Phone No.() Home	() Cell	(Woi) rk	
Email Address	A	Iternate Contact N	0	
Commercial Driver's License NOTE: Answer only if job requires.	YesNo	Type/Endorseme	nts	
Are you now, or have you ever b	een employed l ent: F	oy the City of Lans rom Month/Year	ing?Yes To	No
Job Title		Month/Year Department	Month/Year	
Are you at least eighteen (18) ye	yment eligibility statu	us will be required upon		
Are you at least eighteen (18) years of age?YesNo Have you ever been convicted of a crime within the previous seven (7) years (misdemeanor or felony)?YesNo If so, indicate the nature of the offense, date of offense, where and outcome:				
Note: By indicating yes, you are not nec	essarily excluded fro	om employment with the	e City of Lansing.	
Are there any charges currently	pending agains	st you?Yes	_No If so, please	explain:
Wage/Salary Desired <u>\$</u> /	hr <u>.</u> \$	/yr.		
Availability to work (circle all that apply) M T W Th F Sa Su				
Hours available				

Education High School	Name & Location Course of Study Did you Graduate?YesNo		
College	Name & Location Course of Study Did you Graduate?YesNo Number of Credit Hours (indicate semester or term) Type of Degree		
College	Name & Location Course of Study Did you Graduate?YesNo Number of Credit Hours (indicate semester or term) Type of Degree		
Other	Name & Location Course of Study Did you Graduate?YesNo Number of Credit Hours (indicate semester or term) Type of Degree		
NOTE: Verification of upon job requirements	educational attainment is required through provision of the appropriate diploma or transcript based		
	garding any special course work, seminars, training, volunteer work or other buld relate to the position that you are applying for:		
Provide details regarding your equipment operation and computer skills including software packages that you are proficient using:			
electrician, attorn	ave you ever been a licensed member of any trade or profession (such as ey, plumber, etc.)?YesNo If so, indicate type of license, State d covered by the license:		

Employment – In the space below provide details on your employment history, including any periods of unemployment. Complete each section fully, **DO NOT** state **SEE RESUME**. Begin with your present employer and work backwards. You may submit a resume as further documentation, but you must complete this section fully. You may copy this page to provide additional employment history. Be Complete.

Employer	_ Job Duties
Job Title	
Supervisor	•
Address	•
Phone NoYear	-
End Date MonthYear	-
Full-timePart-timeHours/wk	Salary \$
Reason for Leaving	May we contact employer?YesNo
	- may we contact employer:resresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresresr
Employer	Job Duties
Joh Title	
Job TitleSupervisor	-
Address	
Address	-
Phone No.	<u> </u>
Phone NoYearYear	-
Start Date Month Year	-
End Date MonthYear	
Full-timePart-timeHours/wk	Salary \$ /
Reason for Leaving	May we contact employer?YesNo
Employer	Job Duties
Joh Title	
Job Title	-
Supervisor	-
Address	<u> </u>
Phone No.	-
Start Date Month Year	-
End Date MonthYear	-
Full-timePart-timeHours/wk	Salary \$
Reason for Leaving	May we contact employer? Yes No
Ticuson for Ecaving	- may we contact employer:resre
	-
Any additional information you would like to) add?

References Provide the names of 3 people list relatives or former employers.	, who you have known at least two (2) years. Do not			
Name	Address			
Home Phone				
Work Phone	Years Known			
Name	Address			
Home Phone				
Work Phone	Years Known_			
Name	Address			
Home Phone				
Work Phone	Years Known			
How did you hear of this vacancy? Newspaper* Channel 12 Internet* Job Hotline Friend College Placement Office* Employment Agency* Other* *Please specify				
The City of Lansing is an equal opportunity affirmative action employer and does not discriminate in its employment policies or practices on the basis of religion, race, color, national origin, gender, sexual orientation, age, marital status, height, weight, arrest record, or disability of any individual.				
including during any medical examination or in knowledge. I understand and agree that any not be cause for rejection of this application and for agree to undergo a physical examination include expense, to determine if I can perform the esse accommodation. I authorize the City of Lansing application or offered at anytime during the application or interview, and by signing below information required. If I am hired, I agree to cand/or the applicable bargaining unit agreement any definite term, and my employment and corrand with or without notice, at any time, at the comployment is expressly other than at-will pursue.	misrepresentation, material omission or falsehood will or dismissal, if discovered after I have been hired. I ding drug/alcohol screening at any time, at the City's ential functions of this job, with or without reasonable g to verify any statement contained within this plication process, including during any medical v authorize the City to request the release of any conform to the Personnel Rules of the City of Lansing, nt. I agree that if I am hired, my employment is not for mpensation can be terminated with or without cause, option of either the City of Lansing or myself unless my suant to a duly-executed collective bargaining epresentative of the City of Lansing other than the			
Print Full Name	Date			
	Rev 01/2007			

Signature